

**STATE WATER RESOURCES CONTROL BOARD
WATER RECYCLING CONSTRUCTION PROGRAM
PRIORITY LIST QUESTIONNAIRE**

Enclosure 1

I. Local Agency Information

Agency Name: _____

Address: _____

County: _____

Regional Water Quality Control Board No: _____ Service Area Population: _____

II. Project Funding

Project Name: _____

Project Capital Construction Cost: _____

Is the Agency interested in low-interest loan funding: Yes ___ No ___

Will the project proceed without grant funding: Yes ___ No ___

Is the Agency interested in a water recycling feasibility study grant: Yes ___ No ___

III. Type of Project (Check all project types that apply)

- ___ Waste Discharge Compliance
- ___ Tertiary Treatment Facility
- ___ Recycled Water Distribution System
- ___ Ground Water Recharge
- ___ Ground Water Treatment and Reclamation

IV. Readiness to Proceed Determination (Provide the following completion dates)

	Actual Date	or	Estimated Date
Feasibility Study:	_____		_____
CEQA Requirements:	_____		_____
Start of Construction:			_____

V. Project Benefits (Check all benefits associated with the project)

- ___ Benefits the Delta
 - ___ Benefits the Bay Delta System
 - ___ Augments the State Water Supply
 - ___ Provides Local Water Supply Benefits
 - ___ Provides Local Ground Water Quality Benefits
- Estimate Deliveries: _____ Acre-feet/year
Estimated Cost: _____ \$/Acre-foot

VI. Contact Information

Name of Contact: _____

Phone Number: _____

Office of Water Recycling use only:

New Project Number: WRCP - _____ - _____ Processed: _____ By: _____